only causes mental neuroses, but also helps foster "various physical diseases, including cardiac disorders" later in their lives.[29] In a national study in 1985, researchers found that, children of divorced parents suffered significantly worse health than the children of intact marriages. The authors of the study concluded that "marital status is related to health status of all the family members, including both parents and children."[30]

Sick children

In 1988, researchers examined two health surveys conducted by the National Center for Health Statistics, finding that "single mothers report poorer overall physical health for their children." The authors of the study explain their findings by noting that many unmarried mothers live in poverty, so exposing their children to greater health risks, and that a disproportionate number of single mothers are young and therefore more likely to bear an illness-prone premature infant. The Rutgers researchers also uncovered evidence that unmarried mothers are more likely than married mothers to exaggerate the health problems of their children.[31] Indeed, Finnish health authorities at the University of Tampere find that children from broken homes are significantly more likely to require medical attention for psychosomatic symptoms than children from intact families.[32] But most health problems among children in single-parent households are not psychosomatic. In a paper presented in 1990 before the Population Association of America, Deborah Dawson reported that in a national survey, "the overall health vulnerability score was elevated by 20 to 40 percent" among children living with never-married, divorced, and remarried mothers, compared to children living with both biological parents.[33]

Like divorce, illegitimacy appears linked to harmful—often fatal—health problems for children. In a study completed in 1987, researchers at the National Center for Health Statistics found that compared with married mothers, unmarried women run "a substantially higher risk of having infants with very low or moderately low birth weights." Low birth weight defines one of the best predictors of infant mortality. The NCHS researchers believe that marriage exerts no "direct causal influence on the outcome of pregnancy," but argue that a life course that includes marriage is likely to be healthier than one that does not. (Unmarried mothers are, for example, more likely to smoke than married mothers.)[34]

Divorce and illegitimacy also affect the future health of children by increasing the likelihood that they will engage in premarital sex or that they will use tobacco, alcohol, or illegal drugs. In recent studies in the United States and Canada, researchers have shown that, compared to teens from intact homes, adolescents from nonintact families are more likely to engage in premarital sex and to use tobacco, alcohol, and illicit drugs.[35] Such teens appear especially vulnerable to diseases (including AIDS) caused by tobacco, by sexual contact, and by dirty drug needles.

In another recent study highlighting the importance of family life on children's health, researchers at Stanford Center for Chicano Research discovered that Mexican-American children are remarkably healthy, significantly more healthy than Puerto-Rican children, even though Mexican-Americans are just as impoverished as Puerto Ricans and have much less access to medical care than Puerto Ricans. In trying to explain this "unexpected" pattern, the researchers rate a significant difference in family life: "Puerto-Rican families are . . . more likely to be headed by a single parent than Mexican-American families, who have a percentage of two-parent families similar to that of non-Hispanic whites."[36]

American policy-makers and concerned citizens can hardly ignore the apparent linkage between family dissolution and poor health at a time of high divorce and illegitimacy rates and of low and falling marriage rates. The American divorce rate has risen more than 40 percent since 1970, by almost 250 percent since 1940.[37] Perhaps 40 percent of marriages formed in the 1980's are headed for divorce. On the other hand, the rate for first marriages among women ages 15-44 has dropped more than 35 percent since 1970; one American in eight now remains unmarried for life.[38] Partly because of a sharp drop in marital fertility, the proportion of the nation's children born out of wedlock has soared. In 1960, only one birth in twenty was illegitimate. In 1985, over one-fourth of all births were out of wedlock.[39]

The health costs associated with this national retreat from family life are not only the burden of individual households, but of the taxpayers. Largely because of the rise in illegitimacy, taxpayers now pay the birth costs for one infant in seven. Because illegitimate children are born prematurely with alarming frequency, they often require special surgery, mechanical respirators, isolation incubators, and other costly medical care paid for out of general hospital funds and the public purse. In a 1984 study at the National Center for Health Services, analysts found that divorced women were not only less healthy than married women (despite the fact that "the divorced population is somewhat younger than the married"), but that divorced women are more likely than married women to rely on public assistance for health care.[40] Likewise, in their study in 1988 on single motherhood and children's health, researchers at Rutgers commented that unmarried mothers and their children "disproportionately constitute a population which is chronically dependent on the state for basic necessities, including health care."[41]

The erosion of family life not only drives up the nation's future medical bills, it also reduces the number of future taxpayers who can pay those bills. Policy analyst Ben Wattenberg identifies the trend toward fewer, later, and less stable marriages as a primary reason for a national fertility rate which has languished below replacement level for more than a decade.[42] Wattenberg indeed believes that the "birth dearth" could cause the Social Security system to fail early in the next century if—as many predict—the Social Security trust fund is combined with the Medicare trust fund.[43]

Family disruption and depressed fertility not only erode the tax base, these developments also create higher public costs for the institutional care of the sick and elderly. In 1977, Lynch reported that Americans were paying "uncounted billions of dollars" to care for divorced and single people who stay in hospitals longer than do married people suffering from the same illnesses.[44] American taxpayers also face rising costs of institutionalizing elderly persons because of childlessness and family dissolution. In RAND Corporation studies published in 1988 and 1990, Peter Morrison warned that trends in American family life may make it difficult to care for the rising number of elderly Americans. He noted that because of high divorce rates, "the care spouses traditionally have provided each other in old age will be far less available" in the decades ahead. The birth dearth will further exacerbate the difficulty of caring for the elderly. "Early next century when baby boomers grow old," Morrison writes, "they will have few adult children to fill the role of caregiver, because they produced so few offspring." And while the working woman's need for paid child care has received a great deal of attention, the plight of the working woman's elderly parents has received less consideration. Pointing out that "by tradition, adult daughters have provided elderly parents with home care," Morrison anticipates a "demographic scenario" in which "elderly Americans long on life expectancy may find themselves short on care where it matters most—at home."[45] Researchers from Vanderbilt University anticipated "intergenerational conflict" provoked by the increasing costs of providing nursing-home care for aging Americans without children able or willing to care for them in their homes.[46] In 1989, annual public expenditures for nursing-home care already stood at over $25 billion.[47] Because of the profound effects of marriage and family life upon health-care costs, the public debate over how to meet those costs cannot proceed very far without addressing these issues. That debate is already heating up. Writing recently in *The New Republic*, Phillip Longman argued that "Medicare is going broke" because of the aging of the population and the declining American birth rate. "Without fundamental changes, Medicare won't be able to meet the needs of today's middle-aged Americans and their children," Longman reasons, warning that under current policies "the trade-off between health care for the young and the old will become increasingly stark and unavoidable."[48] Formerly chief of staff at the White House under President Lyndon Johnson, James R. Jones predicts that unless current trends can be checked, federal spending on health care could consume 20 percent of every American worker's taxable income by the year 2009. Under such a crushing tax burden, younger Americans would find it hard to avoid "a sizable decline in their future standard of living." Jones, therefore, calls for "no less than rethinking our notion of health care entitlement from the bottom up."[49] Fundamental rethinking may account for the rediscovery of family responsibilities by some public-health officials. Richard Morse of Kansas State University sees "some movement, at present, to deny welfare or Medicaid to those individuals whose families cannot prove they are unable to perform that responsibility."[50] Alexa K. Stuifbergen of the University of Texas at Austin likewise believes that "policy-makers are increasingly looking to the family as a hedge against the rising cost of health care services."[51]

This rediscovery of family responsibility for health care raises vexing questions, however, in our era of "no fault" divorce and stigma-free illegitimacy. If (as many Americans believe) the government should not "impose values" by promoting any particular lifestyles, is it then just to impose the collectivized **costs** of repudiating values undergirding marriage and child rearing? If the relationship between family life and public health-care costs is acknowledged, how can a modern welfare state avoid political warfare between lifestyles?

The family vs. the state

Further, Americans need to ask whether personal freedom or family integrity can survive a statist assault on illness. From Plato to B.F. Skinner, utopians have regarded the family as a regressive social unit and therefore an obstacle to the creation of the ideal state. In one of the great anti-utopian novels of this century, *Brave New World* (1932), Aldous Huxley depicted a regime of hedonistic totalitarianism in which the state has conquered sickness—and destroyed the family. In the climactic episode, a "Savage" who has not been programmed by state psychologists protests against a world in which marriage and disease have disappeared together. Dismayed that he cannot marry because marriage has disappeared as an institution, the Savage protests also against the engineered healthiness of the world. "I don't want comfort," the Savage insists. Claiming "the right to be unhappy," the Savage also affirms "the right to grow old and ugly and impotent; the right to have syphilis and cancer; the right to have too little to eat; the right to be lousy; the right to live in constant apprehension of what may happen tomorrow; the right to catch typhoid; the right to be tortured by unspeakable pain."[52]

Some Americans may regard the Savage's tirade against an imaginary utopia as irrelevant to circumstances in the United States. Others will point to evidence that even in its limited attempts to mitigate uncertainty and suffering, the welfare state has weakened family life. A former Fulbright scholar in Sweden, a country with an exceptionally well-developed welfare system, David Popenoe has gone so far as to suggest that "the inherent character of the welfare state by its very existence help[s] to undermine family values or familism—the belief in a strong sense of family identification and loyalty, mutual assistance among family members, and a concern for the perpetuation of the family unit." Popenoe points out that although many of Sweden's welfare programs "began with the goal of helping families to function better," over time "the very acceleration of welfare-state power weakened the family still further."[53]

To the degree that American policy-makers do expand the health services available from the welfare state, they likewise run the risk of weakening the family. Anthropologists Glynn Custred and Andrei Simic note the "circular relationships . . . in which the state is increasingly called upon to fill the void created by the erosion of the family's primary functions, and in so doing further aggravates the situation."[54] In pointing to what might be taken as an example of this "circular relationship," Stephen Crystal documents the difficulty federal officials have encountered in trying to reverse a previous policy of paying the nursing-home costs of elderly parents with adult children. Though financially able children once covered such costs, many affluent Americans now resist the notion that they are responsible for their aging parents. "It's hard," observes Crystal, "to unscramble an omelet."[55]

No easy resolution to the health care crisis appears possible. Marriage and family life foster good health; yet, Americans are in retreat from family life. In any case, Americans rarely choose to accept or avoid the commitments of marriage and family in order to control their health-care costs. If Aldous Huxley saw clearly, then the capacity to make family ties actually requires a willingness to accept risks, including health risks. Even the development of private, non-government forms of health insurance may signal a movement away from reliance upon the family.

Aside from the cultural effects of the welfare state and health insurance, contemporary observers have another reason not to dismiss too hastily the protest of Huxley's Savage against a world devoid of disease and marriage. More than a few scholars have traced the current decline of family life to changes in religious and moral attitudes.[56] These changes themselves may be partly attributable to the greater power of and greater reliance upon modern medical technology. For centuries, Christians and Stoics regarded the contemplation of death as an important moral and spiritual exercise. Relatively few Americans now engage in this exercise. "Everything . . . goes on," writes French historian Philippe Aries, "as if neither I nor those who are dear to me are any longer mortal. Technically, we might admit that we might die.... But really, at heart, we feel we are nonmortals."[57] "Death," writes Aries elsewhere, "has become a taboo, an unnameable thing...In the 20th century, death has replaced sex as the principal prohibition."[58] Aries further believes that "advancements in therapeutics and surgery" have fostered death denial: "Everyone acts as though medicine is the answer to everything.... Caesar must die one day, [but] there is absolutely no reason for oneself to die."[59]

It is beyond the scope of this essay to assess fully the causes and consequences of the invisibility and denial of death—except as a histrionic spectacle in violent movies and television shows. However, the pervasive shift in attitudes toward death does signal a cultural shift of more than trivial importance to anyone trying to understand contemporary family life and medical care.

America's retreat from family life is the consequence of many diverse cultural trends, most of them beyond the direct control of policy-makers in a liberal democracy. American government officials are now asked to cope with the rising medical costs created by family dissolution; yet, by collectivizing those costs, these officials help cause further erosion of family ties. It is a dilemma sure to unsettle the nation in the decades ahead.

For a list of the reference notes for this article, write AFA and ask for references for the June 1992 "Family" article.